



# OVERVIEW: ACCESS TO RECOVERY

TARGETED OUTREACH

## OVERVIEW: ACCESS TO RECOVERY FROM ALCOHOL AND DRUG USE DISORDERS

Millions of Americans suffer from alcohol and drug use disorders, which include misuse, dependence, or addiction to alcohol and/or legal or illegal drugs. In 2002, an estimated 22 million Americans met the criteria for substance dependence or abuse.<sup>1</sup> Alcohol and drug use disorders also have a significant impact on spouses and others who are close to people with such disorders. Family members may experience increased family conflict; emotional or physical violence; and increased family stress, including work problems, illness, marital strain, and financial problems.<sup>2</sup>

Many people in need of recovery have difficulty obtaining the treatment that can help them rejoin their families, their jobs, and their lives in their communities. Yet many others have overcome the numerous barriers to recovery, and as a result are leading healthy and productive lives.

The statistics surrounding those who face barriers to being treated for alcohol and drug use disorders are startling. In 2002:

- Only 10.3 percent of Americans age 12 or older who needed treatment for an alcohol or drug use disorder actually received treatment.<sup>3</sup>
- More than 95 percent of people with an alcohol use disorder who did not receive treatment did not believe treatment was necessary; more than 94 percent of people with untreated drug use disorders held the same belief.<sup>4</sup>
- Of those who recognized that they needed treatment, 35 percent (266,000) of Americans suffering from alcohol use disorder—and an estimated 88,000 people suffering from a drug use disorder (24.4 percent)—tried but were unable to obtain treatment.<sup>5</sup>

Clearly, barriers must be overcome to improve Americans' access to recovery.

**"My supervisor confronted me about my unacceptable tardiness and work production. I was coming to work under the influence of alcohol daily. She made contact with a treatment program for me and told me that if I did my part in the program, the company would support me any way they could. I have been with this company for 15 years now, clean and sober. This type of support made the difference in my life."**



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## What Are the Barriers to Treatment?

Many barriers keep people from the treatment they need, including:

- A system-wide failure to identify affected people and their families and direct them to treatment and recovery resources
- The cost of treatment
- Treatment systems that do not have the facilities or staff to accommodate the needs of some individuals (such as the disabled and those with childcare issues that make it difficult to access treatment)
- Denial and stigma associated with alcohol and drug use disorders<sup>6</sup>

Even when people recognize that they are having problems with alcohol or drugs, many say they do not seek treatment because they are not prepared to face the challenges of treatment and recovery. Another reason is that they do not believe they can afford to obtain treatment.<sup>7</sup>

Public and private insurers do not cover treatment at the same level as they cover other health programs, leaving states and local governments to shoulder a large share of the costs for treatment programs. As state budgets tighten, the money available to fund treatment programs is shrinking, making it more difficult for Americans to obtain access to local treatment programs.<sup>8</sup>

## Access to Recovery: A New Federal Initiative

To overcome some of these barriers, the Substance Abuse and Mental Health Services Administration (SAMHSA) has launched the **Access to Recovery** grant program, a centerpiece of the initiative announced by President Bush in 2003 to help people who want to get off drugs secure the best treatment options available to meet their specific needs. The competitive grant program gives recipient states, territories, the District of Columbia, and tribal organizations broad discretion to design and implement federally supported voucher programs to pay for a range of effective, community-based, substance abuse clinical treatment and recovery support services. By providing vouchers to people in need of treatment, the grant program promotes individual choice for substance abuse treatment and recovery services. It also expands access to care, including access to faith- and community-based programs, and increases substance abuse treatment capacity.

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**Access to Recovery** provides people seeking treatment with vouchers to pay for a range of community-based services. The state-run program is built on three principles:

- **Consumer Choice.** The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, and/or spiritual. With vouchers, people in need of treatment can select the programs and providers that best suit their personal needs.
- **Measured Results.** Programs must demonstrate that their treatment is effective and leads to recovery, as measured by treatment outcomes such as abstinence from drugs and alcohol, no involvement with the criminal justice system, attainment of employment or enrollment in school, and stable housing.
- **Increased Capacity.** The initial phase of **Access to Recovery** expands the array of treatment services available, including medical detoxification, inpatient and outpatient treatment programs, residential services, peer support, relapse prevention, case management, and other recovery-promoting services.

More information about the **Access to Recovery** initiative and grant program is available from SAMHSA at [www.samhsa.gov](http://www.samhsa.gov).

For additional **National Alcohol and Drug Addiction Recovery Month (Recovery Month)** materials, visit our Web site at [www.recoverymonth.gov](http://www.recoverymonth.gov) or call 1-800-662-HELP.

## Sources

- 1 *Results from the 2002 National Survey on Drug Use and Health: National Findings.* DHHS Publication No. (SMA) 03-3774. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2003, p. 4.
- 2 El Guebaly, N. & Offord, D.R., 1997. "The offspring of alcoholics: a critical review," *American Journal of Psychiatry*, 134:4, pp. 357-365.
- 3 *The NSDUH Report: Reasons for Not Receiving Substance Abuse Treatment.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, November 7, 2003, sections entitled "Illicit Drug Treatment Need" and "Alcohol Treatment Need."
- 4 *ibid.*
- 5 *ibid.*
- 6 *Improving Substance Abuse Treatment: The National Treatment Plan Initiative, Changing the Conversation.* DHHS Publication No. (SMA) 00-3479. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2000, p. iii.
- 7 *The NSDUH Report: Reasons for Not Receiving Substance Abuse Treatment*, section entitled "Reasons for not Receiving Treatment."
- 8 Scanlon A. *State Spending on Substance Abuse Treatment.* National Conference of State Legislators, Forum for State Health Policy Leadership, December 2002, p. 1.

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